



PATENT

1762  
JF-W

-1-

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Anthony P. Hoult

Application No.: 10/050,724

Filed: January 14, 2002

For: DIODE-LASER CURING OF  
LIQUID EPOXIDE  
ENCAPSULANTS

Confirmation No.: 7718

Group Art Unit: 1762

Examiner: Marianne L. Padgett

**RESPONSE TO OFFICE ACTION  
MAILED APRIL 26, 2004**

353 Sacramento Street, Suite 2200  
San Francisco, CA 94111  
(415) 772-4900

M/S Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope, addressed to: M/S Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2004.

STALLMAN & POLLOCK LLP

Dated: 07/02/2004

By: Marsha A. Townsend  
Marsha A. Townsend

Sir:

In response to the Office Action mailed April 26, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.



STALLMAN & POLLOCK LLP  
353 Sacramento Street, Suite 2200  
San Francisco, CA 94111  
(415) 772-4900

In re Patent Application of: Anthony P. Hoult

Atty Docket No. COHD-4540

Application No.: 10/050,724

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Confirmation No.: 7718

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For: DIODE-LASER CURING OF LIQUID EPOXIDE ENCAPSULANTS

M/S AMENDMENT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmittal herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL	14	MINUS	20	0	x \$18 =	\$0
INDEP.	4	MINUS	5	0	x \$86 =	\$0
FIRST PRESENTATION OF MULTIPLE DEP CLAIMS					+ \$290	\$0
TOTAL						\$0

Small Entity 50% Filing Fee Reduction (if applicable)

\$0

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.)

- ☒ No additional fee is required.
- ☐ A check in the amount of \$\_\_\_\_\_ is attached.
- ☒ Please charge any additional fees, including any fees necessary for extensions of time or credit overpayment to Deposit Account No. 50-1703, under Order No. COHD-4540.  
**A duplicate copy of this sheet is enclosed.**
- ☐ Petition for extension of time. The undersigned attorney of record hereby petitions for an extension of time pursuant to 37 C.F.R. § 1.136(a), as may be required, to file this response.

STALLMAN & POLLOCK LLP

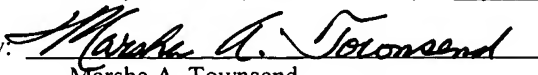
Dated: July 2, 2004

By:   
Jason D. Lohr (Reg. No. 48,163)  
Attorneys for Applicant(s)

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Dated: 07/02/2004

By:   
Marsha A. Townsend